## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

IOSEPH A. MAH	90 08/12/2003 IONEY		& MAW, LLP	Fee(s) Transmitta	of mailing can only be used fall. This certificate cannot pers. Each additional paper, ust have its own certificate of	be used for any other such as an assignment or mailing or transmission.	
MAYER, BROWN P.O. BOX 2828 CHICAGO, IL 606	& PLATT MAYE	R BROWN FROM	e want cor	I hereby certify t United States Post envelope addresse	Certificate of Mailing or Tran hat this Fee(s) Transmittal is al Service with sufficient posts d to the Box Issue Fee addres USPTO, on the date indicated	s being deposited with the age for first-elas mail in an is above, or being facsimile	5×bAse?
•		- 📴 NOV 1 1 2003		Tim Huba		(Depositor's name)	
•				P	Helalin	(Signature)	
•			200	Novembe	r'11, 2003	(Date)	
APPLICATION NO.	FILING DATE	FIRS	T NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	1
09/251,133	02/16/1999		GIRISH V. SHAH		70009590-001	2869	,
TITLE OF INVENTION: NI	EUROENDOCRINE MA	ARKER OF PROSTATE C	ANCER AND M	ETHOD FOR PRO	DUCING SAME		
APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLI	CATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$650		\$0	\$650	11/12/2003	
EXAMIN	ver	ART UNIT	CLASS-SUBCL	ASS			
YAEN, CHRIS	TOPHER H	1642	514-00100	0			
I. Change of corresponden CFR 1.363).  Change of corresponden Address form PTO/SB/12  "Fee Address" indicating PTO/SB/47; Rev 03-02 on Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless a been previously submitted (A) NAME OF ASSIGNE.  University  Medical Cen Please check the appropriate  4a. The following fee(s) are	ence address (or Change of 22) attached.  on (or "Fee Address" Indom more recent) attached.  RESIDENCE DATA To a sasignee is identified by to the USPTO or is being the control of the USPTO of the USPTO of the USPTO of the use of Kansas ter assignee category or cat	of Correspondence ication form Use of a Customer  D BE PRINTED ON THE below, no assignee data wig submitted under separate (B) RE 39 Ka egories (will not be printed	the names of up or agents OR, single firm (ha attorney or age registered patern is listed, no name PATENT (print coll appear on the procession of the cover. Completic SIDENCE: (CITY) O1 Rainbounsas City don the patent)  The patent of Fee(s):	oatent. Inclusion of on of this form is NC and STATE OR Cow Blvd.  y, Kansas 6	assignee data is only approprious assistance for filing an assistance of the country)  Mayer  assignee data is only approprious a substitute for filing an assistance of the country of th		. Maw LL
<b>X</b> ☐ Issue Fee				t of the fee(s) is enc d. Form PTO-2038			
□ Publication Fee		X <sub>1</sub> The	Commissioner is	hereby authorized b	w charge the required fee(s), or	r credit any overpayment, to	
Advance Order - # of C	•	– Deposi	it Account Number	r <u>13-0019                                   </u>	(enclose an extra copy of thi	s form).	-
Commissioner for Patents is		ssue Fee and Publication F	ee (if any) or to re	e-apply any previou	sly paid issue fee to the applica	ation identified above.	
(Authorized Signature)		(Date)					-
Christine M. R	ebman (50,546	5) 11/	/11/2003	11/14/200	03 MBELETE2 00000131 09	9251133	
NOTE; The Issue Fee an other than the applicant; interest as shown by the re	a registered attorney or cords of the United State	agent; or the assignee of s Patent and Trademark O	or other party in office.	01 FC:25(	)1	665.00 OP	
This collection of informa obtain or retain a benefit application. Confidentialit estimated to take 12 minu completed application for case. Any comments on suggestions for reducing Patent and Trademark 22313-1450. DO NOT \$5END TO: Commissioner	by the public which is y is governed by 35 U.S. ties to complete, includir to the USPTO. Time the amount of time y this burden, should be Office, U.S. Departme SEND FEES OR COM	to file (and by the UST) (C. 122 and 37 CFR 1.14.) og gathering, preparing, ar will vary depending upon ou require to complete tent to the Chief Information of Commerce, Alex PLETED FORMS TO T	This collection is				

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PTO/SB/17 (10-03)

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## for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

✓ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 665.00

pond to a collection of info	rmation unless it displays a valid ONIB control number.				
Complet if Known					
Application Number	09/251,133				
Filing Date	2/16/1999				
First Named Inventor	Girish V. Shah				
Examiner Name	C. Yaen				
Art Unit	1642				
Attorney Docket No.	01819232				

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)			
Check Credit card Money Other None		DNAL FEES		
Order Order	arge Entity	Small Entity		
✓ Deposit Account:		Fee Fee Fee Description Code (\$) Fee Description	ee Paid_	
Deposit Account 13-0019		2051 65 Surcharge - late filing fee or oath		
Number Deposit		2052 25 Surcharge - late provisional filing fee or		
Account		cover sheet		
Name The Director is authorized to: (check all that apply)	,,,,,	1053 130 Non-English specification  1812 2,520 For filing a request for ex parte reexamination		
Charge fee(s) indicated below Credit any overpayments		1804 920* Requesting publication of SIR prior to		
Charge any additional fee(s) or any underpayment of fee(s)	1804 920*	Examiner action		
Charge fee(s) indicated below, except for the filing fee	1805 1,840*	1805 1,840* Requesting publication of SIR after Examiner action		
to the above-identified deposit account.	1251 110	2251 55 Extension for reply within first month	ļ	
FEE CALCULATION	1252 420	2252 210 Extension for reply within second month		
1. BASIC FILING FEE	1253 950	2253 475 Extension for reply within third month		
Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid	1254 1,480	2254 740 Extension for reply within fourth month		
Code (\$) Code (\$)	1255 2,010	2255 1,005 Extension for reply within fifth month		
1001 770 2001 385 Utility filing fee	1401 330	2401 165 Notice of Appeal		
1002 340 2002 170 Design filing fee	1402 330	2402 165 Filing a brief in support of an appeal		
1003 530 2003 265 Plant filing fee	1403 290	2403 145 Request for oral hearing		
1004 770 2004 385 Reissue filing fee	1451 1,510	1451 1,510 Petition to institute a public use proceeding		
1000 100	1452 110	2452 55 Petition to revive - unavoidable		
SUBTOTAL (1) (\$)	1453 1,330	2453 665 Petition to revive - unintentional	005.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501 1,330	2501 665 Utility issue fee (or reissue)	665.00	
Ext <u>ra Claims below</u> Fee Paid	1502 480	2502 240 Design issue fee		
Total Claims20** = X =	1503 640	2503 320 Plant issue fee		
Independent Signature - 3** = X = X	1460 130	1460 130 Petitions to the Commissioner		
Multiple Dependent	1807 50	1807 50 Processing fee under 37 CFR 1.17(q)		
Large Entity   Small Entity	1806 180	1806 180 Submission of Information Disclosure Stmt		
Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)	8021 40	8021 40 Recording each patent assignment per property (times number of properties)		
1202 18 2202 9 Claims in excess of 20	1809 770	2809 385 Filing a submission after final rejection		
1201 86 2201 43 Independent claims in excess of 3		(37 ČFR 1.129(a))		
1203 290 2203 145 Multiple dependent claim, if not paid	1810 770	2810 385 For each additional invention to be examined (37 CFR 1.129(b))	<u> </u>	
1204 86 2204 43 ** Reissue independent claims over original patent	1801 770	2801 385 Request for Continued Examination (RCE)		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900	1802 900 Request for expedited examination of a design application		
SUBTOTAL (2) (\$)	Other fee (s		<u> </u>	
**or number previously paid, if greater; For Reissues, see above	*Reduced b	y Basic Filing Fee Paid SUBTOTAL (3) (\$) 665.0	UU	
or number providedly party in greatery .				

(Complete (if applicable)) SUBMITTED BY Registration No. Telephone 312-701-7174 50,546 Christine M. Rebman Name (Print/Type) (Attorney/Agent) 11/11/2003 he res Signature

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